

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission					3. Service					4. Employing Office Location					5. Duty Station					1. Agency Position No. S000A44																																											
<input type="checkbox"/> Redescription <input type="checkbox"/> Reestablishment Explanation (Show any positions replaced)					<input checked="" type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field <input type="checkbox"/> Other															6. OPM Certification No.																																											
					7. Fair Labor Standards Act					8. Financial Statements Required					9. Subject to IA Action																																																
					<input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt					<input type="checkbox"/> Executive Personnel <input type="checkbox"/> Financial Disclosure <input type="checkbox"/> Employment and Financial Interest					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																
					10. Position Status					11. Position Is					12. Sensitivity					13. Competitive Level Code																																											
					<input type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)					<input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither					<input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 2 Critical <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4 Special Sensitive																																																
15. Classified/Graded by					Official Title of Position					Pay Plan					Occupational Code					Grade					Initials					Date																																	
a. Office of Personnel Management																																																															
b. Department, Agency or Establishment					Supervisory Fire Management Specialist					GS					401					13																																											
c. Second Level Review					Department of the Interior, FLERT Specialist																																																										
d. First Level Review					This PD has been approved as follows under 5 USC 5336(c) and 8412(d)																																																										
					<input checked="" type="checkbox"/> Firefighter <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary/Administrative <input type="checkbox"/> Sec/Supvy																																																										
e. Recommended by Supervisor or Initiating Office					Approval Date					July 29, 2003																																																					
16. Organizational Title of Position (if different from official title)										17. Name of Employee (if vacant, specify)																																																					
Regional Fire Management Coordinator																																																															
18. Department, Agency, or Establishment										c. Third Subdivision																																																					
Department of the Interior																																																															
a. First Subdivision										d. Fourth Subdivision																																																					
U.S. Fish and Wildlife Service																																																															
b. Second Subdivision										e. Fifth Subdivision																																																					
Regions																																																															
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.										Signature of Employee (optional)																																																					
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that										this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.																																																					
a. Typed Name and Title of Immediate Supervisor										b. Typed Name and Title of Higher Level Supervisor or Manager (optional)																																																					
Signature					Date					Signature					Date																																																
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.										22. Position Classification Standards Used in Classifying/Grading Position																																																					
Typed Name and Title of Official Taking Action										US OPM PCS GSSG, 4/93.																																																					
										Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.																																																					
Signature					Date																																																										
23. Position Review										24. Remarks																																																					
<table border="1"> <thead> <tr> <th></th> <th>Initials</th> <th>Date</th> <th>Initials</th> <th>Date</th> <th>Initials</th> <th>Date</th> <th>Initials</th> <th>Date</th> <th>Initials</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>a. Employee (optional)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Supervisor</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Classifier</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date	a. Employee (optional)											b. Supervisor											c. Classifier											FPL-GS-13 SOD: Job Classified one grade lower as GS-13. Performs duties as described at the GS-14 level under closer supervision.									
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a. Employee (optional)																																																															
b. Supervisor																																																															
c. Classifier																																																															
										Approved for Servicewide Use																																																					
										Deane Ange																																																					
25. Description of Major Duties and Responsibilities (See Attached)																																																															